

ELEKTRONIESE BETALINGS VOOR   
 AFLEWERING/ELECTRONIC PAYMENT BEFORE  
 DELIVERY  
 30 DAE REKENINGE/30 DAY ACCOUNTS

**\* PLEASE attach a copy of ID document, cancelled cheque, dispensing license and copy Of CM29 form \***

**\* Heg ASSEBLIEF `n afskrif van ID dokument, `n gekanselleerde tjek, resepterende lisensie en afskif van CM29 vorm \***

Tel: (012) 377 9000

FAX: 086 670 4984

REK. NO:

CREDIT APPLICATION FORM/KREDIET AANSOEK VORM  
 (TO BE COMPLETED FULLY IN BLOCK LETTERS)  
 (VOLTOOI VOLLEDIG IN BLOK LETTERS)

1. \*Full name of applicant: ID No:  
 Volle naam van apikant:

2. \*Tel Number/Tel Nommer: \*E-mail address:  
 \*Fax Number/Faks Nommer:

3. \* Handelsnaam:  
 Tradingname:

4. Legal entity( tick box applicable) / Wetlike Hoedanigheid (Merk waar van toepassing):  
 Public CO / Private CO / CC / Sole Proprietor / Partnership  
 Publieke MPY / Privaat MPY / BK / Alleen eienaar / Venootskap

5. a.)Practice Reg. Nr.: b) Medical Council Reg. Nr.(MP/DP):  
 Praktyk Reg. No.: Mediese Raad Reg.No.  
 c.)Pharmacy Council Reg. Nr. (Y): d)Vet Council Reg. Nr. (FCL/D):  
 Aptekers Raad Reg. No. : Vet Raad Reg. No.:  
 e.)Dispensing Licence Nr: Date issued:  
 Resepteer Lisensie No: Datum uitgereik:  
 f.)Company Registration Nr.(CC/CO):  
 Maatskappy Registrasie No.(BK/MPY):  
 g.)Vat Registration Nr. h.) Permit Nr.  
 BTW Registrasie No. Permit No.

6. Registered street address:  
 Geregistreerde straat adres:

7. Postal address:  
 Posbus adres:

**9. Persons responsible for payment of account: (Name & Tel no. )**  
**Persone verantwoordelik vir betaling van rekening: (Naam & Tel no.)**

**10.\* Name of Bank /Naam van Bank: \_\_\_\_\_ \*Bank account number:**  
**\* Name of Branch/Naam van Tak: \_\_\_\_\_ \*Bank rekening nommer:**

**11.\* Bank account hold in the name of:**  
**\* Bank rekening gehou in die naam van:**

**12. Anticipated monthly purchases:(*MUST BE FILLED IN*)**  
**Beoogde maandelikse aankope:(*MOET INGEVUL WORD*)**

**13. Trade references / Handelsverwysings:(Name & Telephone number/Naam & Telefoon nommer:**

- a) \_\_\_\_\_  
b) \_\_\_\_\_  
c) \_\_\_\_\_

**In the processing of your application for credit we will obtain information**

**from a credit bureau for the following purposes:**

- a) To assess your application for credit, and your level of indebtedness and debt repayment history as required by the NCA; and/or;
- b) Assess risk; and/or
- c) Validate and verify the information which you provide to us including your identity and the identity of your spouse, partner or other directors/partners and/or;
- d) Undertake checks for the prevention and detection of fraud and/or money laundering; and/or;
- e) We may use scoring methods to assess this application and to verify your identity.
- f) Any or all of these processes may be automated.

**Gedurende die verwerking van u kredietaansoek sal ons die volgende inligting vanaf 'n kredietburo aanvra:**

- a) Om u krediet aansoek, u vlak van verpligtinge en skuld terugbetalingsgeskiedenis te evalueer soos versoek deur die Nasionale Krediet Wet; en/of;
- b) Risiko bepaling; en/of
- c) Die inligting wat u aan ons verskaf het, insluitend u, u eggenoot, vennoot en ander direkteure/vennote se identiteite te verifieer en/of;
- d) Kontrole maatstawwe te onderneem vir die voorkoming en opsporing van bedrog en geldwassery; en/of;
- e) Ons mag van 'n puntestelsel gebruik maak om u aansoek te evalueer en u identiteit te verifieer.
- f) Enige of al die prosesse kan geoutomatiseer word.

**I (Full Names)  
Ek (Volle Name)**

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**Position Held/Pos Beskrywing** \_\_\_\_\_

**Declare that I am fully authorized to sign this application form. Verklaar dat ek by magte is om hierdie aansoekvorm te onderteken.**

**Full name of applicant  
Volle naam van applicant**

**\*I/We hereby declare that all information stated is true and correct. I/We hereby accept Responsibility for interest charged at 2% per month on accounts in arrears.  
Ek/Ons verklaar hiermee dat alle inligting hier verstrek waar en korrek is. Hiermee aanvaar ek/ons verantwoordelikheid vir 'n rente heffing van 2% per maand op agterstallige rekeninge.**

**Signature/Handtekening:**

**Date/Datum:**

**\* PLEASE attach a copy of ID document, cancelled cheque, dispensing license and copy Of CM29 form \***  
**\* Heg ASSEBLIEF 'n afskrif van ID dokument, 'n gekanselleerde tjek, resepterende lisensie en afskif van CM29 vorm \***

**Company Stamp / Maatskappy Stempel**

Tel: (012) 377 9000  
Fax: 086 670 4984

14. Date:  
Datum:

15. Doctor:(Full Name and Surname)  
Dokter:(Volle Naam en Van)

16. Practice Registration nr.:  
Praktyk Registrasie no.:

17. Medical Council Registration nr.(MP):                      Dispensing Licence no:  
Mediese Raad Registrasie no.(MP):                      Resepteer Lisensie no:

18. Doctor \_\_\_\_\_ is the responsible person controlling the receiving and dispensing of medicines at \_\_\_\_\_.  
Dokter \_\_\_\_\_ is die verantwoordelike persoon vir aankoop en reseptering van medisyne by \_\_\_\_\_.

19. The firm / municipality/clinic \_\_\_\_\_ is responsible for payment of the account.  
Die firma/munisipaliteit/kliniek \_\_\_\_\_ is verantwoordelik vir die betaling van die rekening.

Yours faithfully  
Met dank

Signature (Doctor)

Handtekening (Dokter)

## THE CREDIT MANAGER

### ACCOUNTS

Our accounts are processed in the following manner:

- A. Our month runs from the 25<sup>th</sup> to the 24<sup>th</sup> of the following month. In the event that the 24<sup>th</sup> falls on a Sunday or a public holiday, the month end will be on the 23<sup>rd</sup>.
- B. Payments must reach us before or on the date of closure. 2% interest will be added to all amounts in the 30 days + period.
- C. Payments can be made by cheque, deposit or electronic transfer. In the case of deposits and electronic transfers, a copy of the deposit slip or proof of payment must be faxed to the person handling the account in order for the payment to be applied to the account.
- D. A remittance advice must accompany the payment.
- E. Your account number must be printed on the front of the cheque.
- F. If your premises are situated in the Pretoria/Johannesburg area where we deliver with our own transport, collection of your cheque may be organized with our accounts department.

### RETURN OF GOODS

Return of goods must be done within 7 (seven) days from date of purchase. Goods returned for credit must be clean, saleable, without anything written on or labels stuck to the items and must still be in the original sealed packing.

The following procedure must be followed:

- A. Phone customer services to report the problem. A reference number will be issued for further enquiries.
- B. The following must be sent with the parcel:
  - The client's name, account number, address and reference number
  - Copy of the invoice
  - The quantity of the product that is being returned
- C. Return by TRANSFARM Transport:  
These returns must be clearly written on the Transfarm delivery schedule, stating your account number, invoice number and reference number.
- D. Return by COURIER  
Where delivery is done by a courier, a waybill or delivery note of the courier company must be completed before sending it back. A copy of the waybill must be kept with a copy of the request to return goods.
- E. **NO FRIDGE PARCELS WILL BE ACCEPTED FOR CREDIT.**

***\*\*It is the responsibility of the client to return goods in the prescribed way. If all details are not supplied correctly and adequately, credit will not be granted.***

## **DIE KREDIET BESTUURDER**

### **REKENINGE**

Transfarm se rekeninge werk soos volg:

- A. Die maand begin op die 25ste van die maand en eindig op die 24ste van die volgende maand. Indien die 24ste van die maand op 'n Sondag of op 'n publieke vakansie dag val, sluit die rekeninge op die 23ste.
- B. Betalings op rekeninge is 30 dae na staatsdatum. Betalings moet ons voor of op die sluitings- datum bereik. Indien die rekening uitstaande is, word daar 2% rente gehef op 30 dae + rekeninge.
- C. Betalings kan per tjek, direkte deposito of internet gedoen word. As betalings direk gedeponeer of met die internet gedoen word, moet die bewys strokie asseblief gefaks word na die betrokke persoon wat die rekening hanteer sodat die betaling opgevolg kan word.
- D. 'n Betalingsadvies moet die betaling vergesel.
- E. Indien u per tjek betaal, moet u rekening nommer asseblief voor op die tjek aangebring word.
- F. U kan die rekening afdeling skakel om te reël dat die tjek afgehaal moet word indien u adres in Pretoria of Johannesburg area is en TRANSFARM self die aflewering doen.

### **TERUGSENDING VAN VOORRADE**

Terugstuur van voorraad moet binne 7 (sewe) dae van faktuur datum geskied. Voorrade wat teruggestuur word vir krediet moet skoon, verkoopbaar, sonder geplakte etikette of op geskryf en in geseëldde toestand wees.

Die volgende prosedure word gevolg vir terugstuur van voorraad:

- A. Skakel kliënte diens-afdeling en meld die probleem aan. 'n Verwysing nommer word gegee vir verdere navrae.
- B. Die volgende moet die pakkie vergesel:
  - \*Die kliënt se naam, rekening nommer, verwysings nommer en adres.
  - \*Afskrif van die faktuur
  - \*Die hoeveelheid van die produk teruggestuur
- C. Transfarm vervoer:  
Hierdie terugsending moet duidelik onder aan TRANSFARM se afleweringstelsel gedokumenteer word. U rekening nommer, faktuur en verwysings nommer moet hierop aangebring word.
- D. Koeriers:  
Indien aflewering deur 'n koerier geskied, moet kliënt 'n "waybill" of afleweringnota van die koerier invul voor versending. 'n Afskrif van die koerier "waybill" moet saam met krediet aansoek rekords gebêre word vir bewys van terugsending.
- E. **GEEN YSKAS PAKKIES WORD TERUGGENEEM NIE.**

**\*\*Dit is die kliënt se verantwoordelikheid om krediete op die regte manier terug te stuur, indien besonderhede nie volledig is nie kan krediet nie toegestaan word nie.**

## **BANK BESONDERHEDE/BANKING DETAILS**

**Bank** : **Standard Bank**  
**Tak/Branch** : **Gezina**  
**Tak kode/Branch code** : **01 48 45**  
**Rek nr/Acc nr** : **013 141 732**

## **NEW ACCOUNTS ENQUIRIES/NUWE REKENINGE NAVRAE**

**FAX NO/  
FAKS NO** : **086 670 4984 / 012 377 0162**

**CONTACT NO/  
KONTAK NO** : **012-377 9092 (Martie)**  
: **[boxk@transfarm.co.za](mailto:boxk@transfarm.co.za)**  
: **012-377 9108 (Corrie)**  
: **[boxr@transfarm.co.za](mailto:boxr@transfarm.co.za)**

**SKAKELBORD/SWITCHBOARD** : **012-377 9000**

# **PAYMENT FOR COD ACCOUNTS**

**13 January 2009**

## **No cheque will be accepted for payment on Cod accounts**

When a cheque deposit is made, this payment will stay in Transforms account for seven days before stock will be released.

## **Acceptable payment methods are**

Electronic payments – cash payments - credit card payments.

**MRS DE BEER BJ**



Ground Floor, Broll Place  
2 Carse O'Gowrie Road  
Sunnyside Office Park  
Parktown, 2193  
P O Box 2740  
Parklands 2121  
Tel (011) 642 3960  
Fax (011) 643 8725

05 December 2006

Dear valued Transfarm Customer

Lombard Insurance Company Limited ("Lombard") insures the debtors book of Transfarm(Pty) Ltd. Transfarm insures their whole debtors book in view of the fact that a debtors book is often the biggest asset in a business and due to corporate governance the directors of the business have a responsibility to the shareholders to protect the company's assets against any potential risks.

Our Company is a subsidiary of Hollard Insurance Company Limited and specialises in trade credit insurance and guarantee business.

Due to the fact that Lombard assumes the ultimate risk on Transfarm's debtors we assist our client in the credit vetting of debtors' credit limits. For the above reason we often require statutory and financial information in order to establish the credit worthiness of individual debtors.

As one of Transfarm's valued clients we request your assistance in completing Transfarm's credit application which contains the basic terms and conditions of the credit agreement between Transfarm and their debtor. The credit application is a legal document and needs to be completed to formalise the agreement between the supplier and the debtor.

Lombard Insurance Company Limited makes use of a credit bureau namely KreditInform and we also require your assistance to provide them with general information should they contact you. In some cases Lombard Insurance Company Limited may contact the debtor directly to obtain financial information in order to facilitate the credit vetting process.

We give you our unconditional confirmation that any information given to us will remain confidential, and will not be shown to, or used by any party except Lombard Insurance Company.

We trust that the above is in order and should you have any further queries with regards to the above, please do not hesitate to contact the writer.

Yours truly,

**WERNHER FERREIRA**  
**Manager: Operations – Trade Credit Division**